

## HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813 or P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: (808) 587-0460 FAX: (808) 587-0470 email: ethics@hawaijethics.org

Web site: www.hawaii.gov/ethics

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LOBBYIST REGISTRATION FORM TE OF HAWAII

(Type or Print Clearly)

STATE ETHICS COMMISSION

PARTI LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Velasco	Nicole	Α	539-0400
MAILING ADDRESS (Street)	<del></del>	<u> </u>	FAX 533-4945
1099 Alakea Street, Su	EMAIL nvelasco@awlaw.com		
(City)	(State)		(Zip Code)
Honolulu	HI		96813
EMPLOYING ORGANIZATION (Fill	o lobby) TELEPHONE		
Slovin & Ito, LLP	539-0400		
MAILING ADDRESS (Street)	FAX 533-4945		
1099 Alakea Street, Suite 1400			EMAIL
(City)	(State)		(Zip Code)
Honolulu	HI		96813

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU L	TELEPHONE	
MultiState Associates Inc.	703-684-1110 FAX 703-684-7912 EMAIL	
MAILING ADDRESS (Street)		
515 King Street, Suite 300		
(City)	(State)	(Zip Code)
Alexandria	VA	22314
NAME OF PERSON RESPONSIBLE FO	TELEPHONE	
Carrie E. Castro		703-684-7912
MAILING ADDRESS (Street)		FAX 703-684-7912
515 King Street, Suite 300		EMAIL ccastro@multistate.com
(City)	(State)	(Zip Code)
Alexandria	VA	22314

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PART III DESCRIPTION	NOF SUBJECTS UPON WH	ICH YOU EXPECT TO LOBE	BY
Agriculture	Education	☐ Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	C Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	☐ Labor & Employment	☐ Transportation
Culture, Arts, Historic Preservation	Health	<ul><li>Planning, Land &amp; Water</li><li>Use Management</li></ul>	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	
PART IV CERTIFICATION	ON OF LOBBYIST		
I hereby certify that th	e information furnished abov	e is, to the best of my knowled	dge, correct and complete.
Male Gi Velesco			27-13
(Signature of Lobbyist) (Date)			(Date)
PART V AUTHORIZAT	ION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED		
Paul W. Hallman	President, MultiState Associates, Inc.		
NAME OF ORGANIZATION (if applicable)			TELEPHONE
MultiState Associates Inc. on behalf of Local Search Association			703-684-1110
MAILING ADDRESS (Street)			FAX 703-684-7912
515 King Street, Suite 300		,	EMAIL castro@multistate.com
(City)	(State)		(Zip Code)
Alexandria	VA		22314
I bereby authorize the	above)- named person to en	gage in lobbying activities on	behalf of the undersigned.
(1/1/1/96		:	2/26/13
(Signature of Authorizing Officer or Person Represented)			(Date)

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